Fill in this Info	ormation to ide	ntify the case:	
Debtor 1	International Heritage, Inc.		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Cou	rt for the:	District of
			(State)
Casa number	98-02675-5-0	NAVA/	



MAY 0 5 2021

STEPHANIE J. BUTLER, CLERK U.S. BANKRUPTCY COURT EASTERN DISTRICT OF NC

#### Form 1340 (12/19)

#### APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

#### 1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$526.35 AND \$4.34
Claimant's Name:	Benjamin D. Tarver dba Bankruptcy Settlement Group, As Assignee
Claimant's Current Mailing Address, Telephone Number, and Email Address:	2885 Sanford Ave SW #37848, Grandville, MI 49418 Phone 832-781-0620 help@claimtransfers.com

#### 2. Applicant Information

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

#### 3. Supporting Documentation

Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>&</sup>lt;sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>&</sup>lt;sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>&</sup>lt;sup>3</sup> The Owner of Record is the original payee.

4.	Notice	to	United	<b>States</b>	Attorney	1
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Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney for the Eastern District of North Carolina 150 Fayetteville Street, Suite 2100, Raleigh, NC 27601

5. Applicant Declaration Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.	5. Co-Applicant Declaration (if applicable) Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.
Date: 4/26/2021	Date:
Signature of Applicant	Signature of Co-Applicant (if applicable)
Benjamin D. Tarver	
Printed Name of Applicant	Printed Name of Co-Applicant (if applicable)
Address: 2885 Sanford Ave SW #37848 Grandville, MI 49418	Address:
Telephone: 832-781-0620	Telephone:
Email: help@claimtransfers.com	Email:
6. Notarization ARIZONA	6. Notarization STATE OF
6. Notarization ARIZONA STATE OF COCHISE COUNTY OF	COUNTY OF
This Application for Unclaimed Funds, dated  was subscribed and sworn to before me this day of 2021 by  Benjamin D. Tarver	This Application for Unclaimed Funds, dated was subscribed and sworn to before me thisday of, 20by
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.	who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.
(SEAL) Notary Public Wheeless And American Pu	(SEAL) Notary Public
MICHELLE G MIETZNER  Michelle G MIETZNER  Notary Public. State of Arizona  Pima County  My Commission Expires  November 12, 2021	My commission expires:

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NORTH CAROLINA

IN RE:	CASE NO. 98-02675
International Heritage, Inc.	Debtor(s)
AFFIDAVI	Γ OF APPLICANT
	ify that I am doing business as Bankruptcy legally entitled to the unclaimed funds referenced in tled to these funds.
In support, applicant respectfully repr	esents as follows:
1. A check for "Ashley K. Markham" in the and was thus remitted as unclaimed funds to	amount of \$526.35 AND \$4.34 was not negotiated the Clerk of the Court.
2. Ashley K. Markham assigned the unclaim	ed funds referenced in the application to BSG.
I declare under penalty of perjury that	t the foregoing is true and correct.
Dated: 4/26/2001	
Butou.	Benjamin D. Tarver 2885 Sanford Ave SW #37848 Grandville, MI 49418
Sworn to and subscribed before me, State of ARIZONA, County of COCHISE	
This Quench day of APRIL, 2021  Motary Public Signature	MICHELLE G MIETZNER Notary Public, State of Arizona Pima County My Commission Expires November 12, 2021
My Commission Expires: 1117.121	

### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NORTH CAROLINA

IN RE:	CASE NO. 98-02675
International Heritage, Inc.	AFFIDAVIT AND ASSIGNMENT
Debtor(s)	AFTIDAVIT AND ASSIGNMENT
I, Ashley K. Markham, of 1625 WILDHU	RST LN, WAKE FOREST, NC 27587-5888, certify:

- 1. That I am at least 18 years of age.
- 2. For good and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby certify that I have unconditionally and irrevocably sold, transferred and assigned to Bankruptcy Settlement Group ("Assignee"), its successors and assigns, whose mailing address is 2885 Sanford Ave SW #37848, Grandville, MI 49418, all right, title and interest in and to my claims in the above referenced bankruptcy proceeding, including without limitation my right to receive any future payments, distributions, unclaimed dividends and/or other property in the bankruptcy proceeding. I waive any notice or hearing requirements imposed by Court rules and stipulate that an order may be entered recognizing this Assignment as an unconditional Assignment and Assignee herein as the valid owner of my claim(s) and/or rights.
- 3. I am a debtor or creditor in the above referenced bankruptcy proceeding.
- 4. My address was/is 202 Broadleaf Circle, Raleigh, NC 27613.

I certify under penalty of perjury that the foregoing is true and correct.

Dated: 3/24/2021 Whey K. Marcham

Ashley K. Markham SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC AND AFFIX NOTARY SEAL

Sworn to and subscribed before me,

State of NC County of WCILE

This 2 day of MCC , 20 3

My Commission Expires: 6.10263

(NOTARY SEAL)

Return this form to: Bankruptcy Settlement Group, 2885 Sanford Ave SW #37848, Grandville MI 49418



# OFFICE OF DIANE TRAUTMAN COUNTY CLERK, HARRIS COUNTY, TEXAS

P647236 01/30/2020 CHIMNEY ROCK \$16.00 ASSUMED

This is to acknowledge receipt of certificate of operation under Assumed Name which was filed in my

office for BANKRUPTCY SETTLEMENT GROUP

under the file number as shown on the cash register validation above, and indexed in the Assumed Name Records as prescribed by law.

The certificate shows

TARVER, BENJAMIN DERAY

P.O. Box 1525 • Houston, TX 77251-1525 • 713-755-6411 www.cclerk.hctx.net

Form No. D-02-02 (Rev. 01/01/2019)

## UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NORTH CAROLINA

IN RE:	CASE NO. 98-02675
International Heritage, Inc.	
Debtors(s)	/
ORDER AUTHORI	IZING PAYMENT OF UNCLAIMED FUNDS
	e the Court upon the motion of Benjamin D. Tarver dba Assignee, seeking an entry of an order authorizing payment of
The motion and the documents atta- Funds; accordingly, it is hereby	ched thereto establish that Claimant is entitled to the Unclaimed
	of the Court pay \$526.35 AND \$4.34 to the order of Benjamin ent Group. and mail the payment to:
Bankruptcy Settlement Gro 2885 Sanford Ave SW #37 Grandville, MI 49418	1
Dated:	UNITED STATES BANKRUPTCY JUDGE